



Application for Initial or Continued Funding
PEEAK
 Preparing Early Educators in Appalachian Kentucky

Please, complete application in black or blue ink and write legibly.

Name: _____ MSU ID: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Non-MSU Email: _____

Phone:
 home: () _____
 work: () _____
 cell: () _____

Race/Ethnicity:

- ☐ White (non-Hispanic)
- ☐ Asian
- ☐ Black/African –American
- ☐ Hispanic/Latino
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other _____

Alternate contact (other than self):

Name: _____
 Phone: _____
 Email: _____

Gender: ☐ Female ☐ Male

Disability Status: ☐ no ☐ yes
 (please explain _____)

Please check one of the following:

- ☐ Is a citizen or national of the United States
- ☐ Is a permanent resident of Puerto Rico, United States Virgin Islands, Guam, American Samoa, or the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau during the period in which these entities are eligible to receive an award under the Personnel Development to Improve Services and Results for Children with Disabilities program
- ☐ If not a citizen, national, or resident of a territory, please provide evidence for the U.S. Department of Homeland Security of lawful permanent residence in the United States or the intention of becoming a citizen or permanent resident.

Please list all prior degree(s) below:

Degree	Major	Institution	Date Graduated	GPA

Do you hold teaching certification in another area? If so, list: _____

Have you ever received funding from a different OSEP training grant? ☐ Yes ☐ No

How did you hear about PEEAK funding/recruitment to the program? _____

Are you applying for ☐ **Initial application** or ☐ **Continued funding** under PEEAK?

Semester and year applying for funding: **Semester:** _____ **Year:** _____

Please list courses you intend to take during the semester for which you are applying (list prefix and number for each course) (e.g., IECE 631) (if this is initial application, please speak with an advisor about courses to take):

Grant funding will NOT pay for tuition for the 3 foundational courses. Students eligible for Traineeship funding should use state funding for those courses.

☐ Full-time student (minimum of two courses) ☐ Part-time student (less than two courses)

Please list the semester/year you anticipate graduating from the MAT program: _____

Employment:

Were you employed (in any field) during the previous academic year? ☐ Yes ☐ No

Do you currently have a **lead teacher** position with the **public preschool system** or a blended Head Start/public preschool? ☐ Yes ☐ No If yes, which program: _____

If yes, how many hours per week: _____ How long have you been in this position? _____

Do you currently have a **lead teacher** position with **Head Start**? ☐ Yes ☐ No

If yes, which program: _____

If yes, how many hours per week: _____ How long have you been in this position? _____

Are you currently applying for a **lead teacher** position with the **public preschool system** or a **blended Head Start/public preschool**? ☐ Yes ☐ No

If yes, which program: _____

Are you currently applying for a lead teacher position with **Head Start/public preschool**? ☐ Yes ☐ No

If yes, which program: _____

Please explain your current employment (if not addressed above):

How many hours per week: _____ How long have you been in this position? _____

Upon graduation in which setting(s) do you foresee yourself working (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Eastern Kentucky |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Central Kentucky |
| <input type="checkbox"/> Public preschool | <input type="checkbox"/> Outside Kentucky |

Please continue to the next page to review terms and conditions for funding.

Please initial beside each statement to indicate you understand and agree with the conditions for funding:

- _____ I understand that I must maintain satisfactory progress in the program as evidenced by maintaining a 3.0 GPA, earning no more than two grades of "C" in coursework, and following the ethical guidelines and dispositions as outlined by the Morehead State University Student Handbook and the Professional Code of Ethics for Kentucky School certified Personnel
- _____ I understand that students will be given preference for funding if maintaining enrollment each consecutive semester after acceptance into the program
- _____ I understand that I will be asked to provide test results (as related to the MAT program) and employment data throughout the program
- _____ I have read and understand the service agreement terms and conditions as set forth in § 304.30 (see attached "Service Agreement FAQ" document). Upon completion of the IECE certification program, for every one year of PEEAK funding I accept, I agree to provide two years of services with children serviced under IDEA.
- At least 51 percent of the infants, toddlers, and children to whom I provide services are receiving special education, related services, or early intervention services from me;
 - spend at least 51 percent of my time providing special education, related services, or early intervention services to infants, toddlers, and children with disabilities; or
 - position involves supervision including in the capacity of a principal, teaching at the postsecondary level, research, policy, technical assistance, program development, or administration, the individual spends at least 51 percent of his or her time performing work related to the training for which a scholarship was received
- _____ If I accept funding, I understand I am responsible for repayment of funds if I do not complete program.
- _____ I understand that grant funding will NOT pay for tuition for the 3 foundational courses. Students eligible for Traineeship funding should use state funding for those courses.
- _____ I understand I will complete an exit survey and interview upon graduation
- _____ I understand I will complete a follow-up survey every year after graduation for up to five years
- _____ I understand that, if employed by a public preschool, Head Start, or First Steps during or after graduation, my employer will verify my employment status
- _____ If employed in Head Start or public preschool, I agree to ECERS and CLASS observations prior to or first semester of enrollment/funding, semester of or following graduation, one year after graduation
- _____ If employed in First Steps within first year of graduation, agree to Family Centered Checklist Observation semester of or following graduation, one year after graduation
- _____ Will agree to share unidentified child data at graduation and one year after graduation (if employed in Head Start, public preschool, or First Steps)
- _____ If employed by public preschool and therefore eligible for Traineeship funding, will apply for Traineeship funding each semester eligible (will submit proof of this to grant). Grant funding will pay for any tuition not paid for by Traineeship.

Professional Statement: Please attach a short one page statement explaining how IECE certification will support your career goals. Include details about the setting(s) you foresee yourself working in upon graduation from the program to meet the service obligation (e.g., public preschool teacher, First Steps provider, etc).

Signature of Applicant

Date

Due December 1, 2015 for Spring funding and April 20, 2016 for Summer funding.

Mail completed forms to:

**PEEAK Grant
A301 Ginger Hall
Morehead State University
Morehead KY 40351**